






CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE	2. VOUCHER NUMBER
			3. SCHEDULE NUMBER
<i>Read the Privacy Act Statement on the back of this form.</i>			5. PAID BY
CLAIMANT	4. a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.	
	c. MAILING ADDRESS (include ZIP Code)	d. OFFICE TELEPHONE NUMBER	

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

[illegible]

7. AMOUNT CLAIMED (Total of cols (f), (g) and (i).) \$		TOTALS							
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<p>8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)</p> <p style="text-align: right;"><i>Sign Original Only</i></p>	<p>10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.</p> <p style="text-align: right;"><i>Sign Original Only</i></p>								
<p>APPROVING OFFICIAL SIGN HERE </p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;">CLAIMANT SIGN HERE </td> <td style="width: 20%; text-align: center;">DATE</td> </tr> </table>	CLAIMANT SIGN HERE 	DATE						
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<p>9. This claim is certified correct and proper for payment.</p> <p style="text-align: right;"><i>Sign Original Only</i></p>	<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">11. CASH PAYMENT RECEIPT</th> </tr> <tr> <td style="width: 80%;">a. PAYEE (Signature)</td> <td style="width: 20%;">b. DATE RECEIVED</td> </tr> <tr> <td></td> <td>c. AMOUNT</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	11. CASH PAYMENT RECEIPT		a. PAYEE (Signature)	b. DATE RECEIVED		c. AMOUNT		\$
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	\$								
<p>AUTHORIZED CERTIFYING OFFICER SIGN HERE </p>	<p>12. PAYMENT MADE BY CHECK NO.</p>								

ACCOUNTING CLASSIFICATION

